



The AdMIRable Review

MIRR PHYSICIAN SPOTLIGHT Arthur R. Cushman, M.D., F.A.A.N.S.

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ARTHUR R. CUSHMAN, M.D., F.A.A.N.S., has been a valued and faithful member of the Medical Impairment Rating Registry since 2006. He is board certified by the American Board of Neurological Surgeons and the American Board of Integrative Medicines.

Dr. Cushman received his undergraduate degree from L.A. Sierra University, Riverside, California, in 1965, and his Medical Degree from Loma Linda University, Loma Linda, California, in 1969. His neurosurgery residency was also at Loma Linda University. In addition to having been President of the Tennessee Neurosurgical Association, he has served as chair of the Department of Surgery at Tennessee Christian Medical Center, chair of the Department of Orthopedics and Neurosurgery at both Nashville Memorial and Skyline Medical Centers, and chair of the Department of Orthopedics and Neurosurgery at Summit Medical Center.



**Arthur R. Cushman,
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Dr. Cushman is currently a member of the Tennessee Medical Association, Alpha Omega Alpha Honor Medical Society, American Medical Association, the Congress of Neurological Surgeons, and the American Association of Neurologi-

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MIRR PHYSICIAN SPOTLIGHT

Arthur R. Cushman, M.D., F.A.A.N.S.

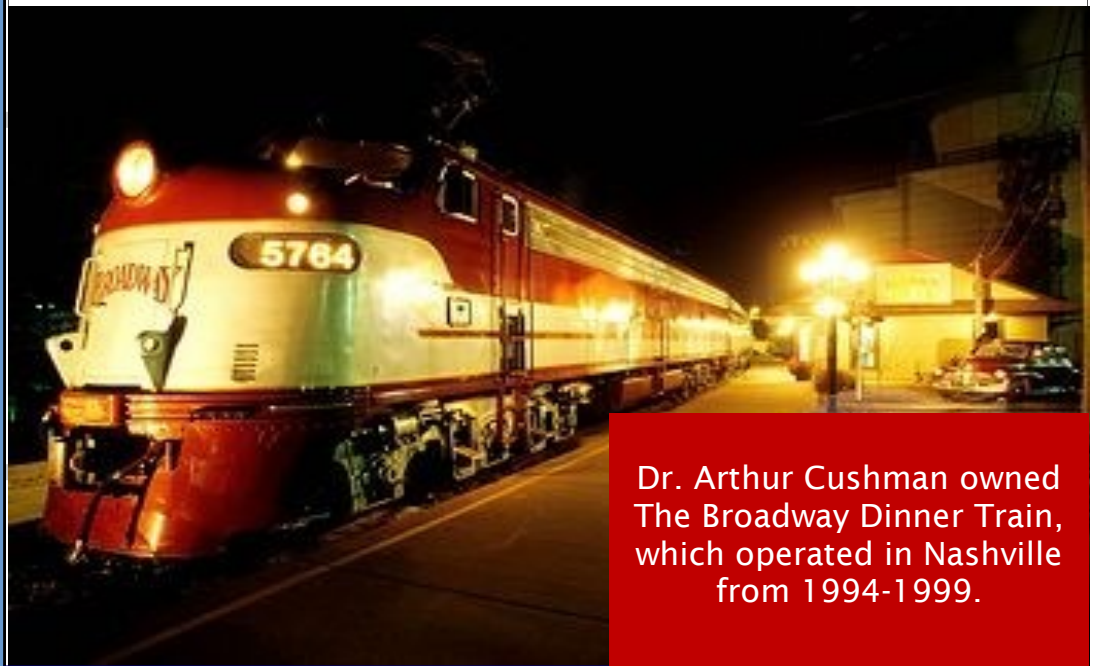
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cal Surgeons. He is a fellow (F.A.A.N.S.) of the American Association of Neurological Surgeons and a past member of the Board of Trustees of Skyline Medical Center as well as the Advisory Board of Tennessee Donor Services.

Dr. Cushman's hobbies include riding passenger trains and restoring old passenger train cars. He owned Nashville's iconic Broadway Dinner Train and still owns a passenger car

called the Hollywood Beach, which he leases for private trips on Amtrak and Excursion Trains. The Hollywood Beach has five bedrooms, a kitchen, and a lounge. Additionally, Dr. Cushman is an avid collector of Native American artifacts. He collects artifacts from Mississippian cultures between the ages of 500 and 1300 A.D. and enjoys deciphering the spiritual meanings found in their iconography.

"[Dr. Cushman] is a fellow (F.A.A.N.S.) of the American Association of Neurological Surgeons."



Dr. Arthur Cushman owned The Broadway Dinner Train, which operated in Nashville from 1994-1999.

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MIRR APPOINTMENT ADVISORY BOARD

By Josh Baker



ON JUNE 23, 2013, several new rules governing numerous areas of the MIRR Program became effective. Rule 0800-02-20-.05 provides the application procedures for all physicians that want to join the MIR Registry and also makes changes to the term of each Registry physician's appointment.

Concerning appointments, under the previous rule, all appointments were for a period of two years and all physicians were required to reapply for to the Registry at the end of the term. Over time, the Division determined that the reapplication process was overly burdensome and unnecessary. The process presented a considerable drain on program resources—and frustration on the part of Registry physicians—and, additionally, interfered with the day-to-day operations of the MIRR.

Under the amended rules, the term limits have been eliminated. Now, all phy-

TN RULES AND REGULATIONS 0800-02-20-.05 APPLICATION PROCEDURES FOR PHYSICIANS TO JOIN THE REGISTRY.

1) Appointment to the MIR Registry shall expire upon a physician's decision to withdraw from the Registry or the Division's removal of a physician from the Registry. The Division reserves the right to charge physicians a non-refundable application fee upon appointment or reinstatement to the MIR Registry. For each application, an advisory panel of three (3) current MIR Registry physicians shall be randomly selected by the program coordinator to review the application. The panel shall include one member from each grand division of the state who shall have been on the MIR Registry for at least five (5) years without any disciplinary actions imposed by the Department. Each member of the panel shall vote to either recommend or not recommend the applicant for inclusion on the MIR Registry. The Commissioner, upon the advice of the Medical Director, program coordinator, and the advisory panel, shall have the sole and exclusive authority to approve or reject applications for inclusion on the MIR Registry.

sicians currently on the Registry and all applicants accepted under the new rules will remain on the Registry until the physician decides to withdraw or is removed by the Administrator. The elimination of term limits will simultaneously lessen the burden on Registry physicians by removing a needless obstacle to their continued participation and make it easier for the Division to

“Under the amended rules, the term limits have been eliminated.”

MIRR ADVISORY BOARD

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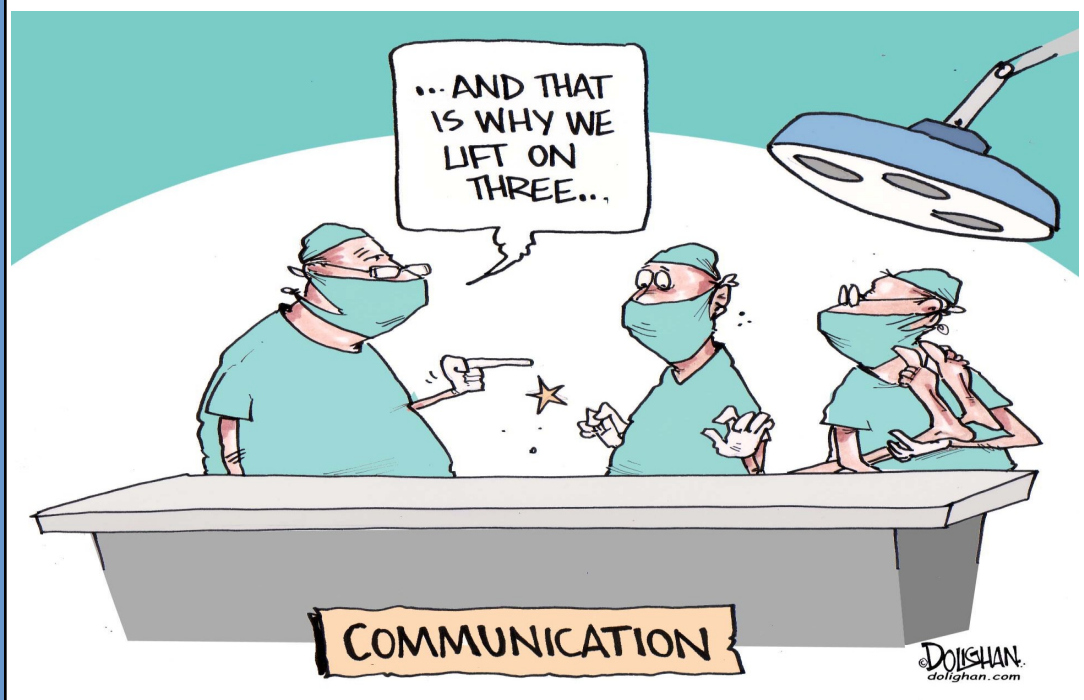
“All applications for inclusion on the Registry will be reviewed by an advisory panel.”

maintain the Registry and assign cases.

In the area of physician applications, the new rules have increased the application review process to ensure that only those deemed qualified by their peers will be recommended for inclusion on the Registry. Prior to June 23, 2013, the Medical Director and the Commissioner were the only “reviewers” of physician applications. Now, all applications will be reviewed by an advisory panel of physicians who will make recommendations to the Division of whether an applicant should be included on the Registry. The advisory panel will be randomly chosen and include at least one physician practicing in each grand

division of the state—East, West, and Middle—that has served on the Registry for at least five years and who has not been disciplined by the Division in that five-year period. Although the Administrator of the Workers’ Compensation Division will have the final decision on whether an applicant will be included on the Registry, the Division expects that this additional review procedure will ensure that the quality of Registry physicians remains high.

As always, the Department thanks you for your service to the MIRR Program and understands that the program could not operate without your time and effort. If you have any questions concerning any of the rule changes, or if we can be of assistance in any way, please give us a call.



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MIRR PEER REVIEW

By Jay Blaisdell



Physician Peer Review

WITH THE IMPLEMENTATION of the revised MIRR Program Rules that went into effect June 23, 2013, the MIR peer review process has changed. Now peer reviews can be performed by qualified MIR Physicians, in addition to the Division's Medical Director. MIR Physicians who review MIR Reports are entitled to \$250 per review, paid by the employer.

To be qualified, an MIR Physician must be certified through either the American Academy of Disability Evaluating Physicians (AADEP) or the American Board of Independent Medical Examiners (ABIME). The MIR Physician must also have been a member of the Medical Impairment Rating Registry for at least five years, without any disciplinary actions.

AADEP or ABIME certification is different from the "Certificate of Attendance" awarded to a physician after attending an AADEP or ABIME seminar on the applicable edition of the *AMA Guides*.

While the Certificate of Attendance currently meets the training requirements for physicians wishing to apply to the registry, actual certification requires physicians to pass the AADEP CEDIR VI Written Examination or to become an ABIME Certified Independent Medical Examiner (CIME), which also requires the physician to pass a rigorous written examination.

The program coordinator will randomly select the MIR Peer Review Physician from the pool of qualified physicians. Upon receiving the referral, the MIR Peer Review Physician will have ten business days to review the MIR Report and make a recommendation either to accept the report or to have it reconsidered by the MIR Physician who evaluated the claimant and wrote the MIR Report. If the peer review physician recommends the MIR Report for reconsideration, the evaluating physi-

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"Upon receiving the referral, the MIR Peer Review Physician will have ten (10) business days to review the MIR Report and make a recommendation either to accept the report or to have it reconsidered ."

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MIR PEER REVIEW

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“If you receive a request for reconsideration for one of your MIR Reports, please feel free to contact the MIR Physician who reviewed your report to discuss it.”

cian, upon receiving the request from the program coordinator, will have ten business days to respond with a revised MIR Report or the rationale for keeping the MIR Report as it is.

If you receive a request for reconsideration for one of your MIR Reports, please feel free to contact the MIR Physician who reviewed your report to discuss it. Please make sure you respond to any request for reconsideration with ten business days of receiving the request from the program coordinator.

We at the Division of Workers' Compensation encourage all physicians on the MIRR to work toward achieving certification and joining the MIR Peer Review Pool. Inclusion in the MIR Peer Review Pool is voluntary for qualified physicians. If you feel you meet the qualifications for becoming an MIR Peer Review Physician, and you would like to join the pool, please forward your request in writing, along with a copy of your AADEP or ABIME certification, to Jay.Blaisdell@tn.gov or call 615-253-5616.

TN RULES AND REGULATIONS 0800-02-20-.12 PEER REVIEW.

(1) All MIR Reports are subject to peer review for appropriateness and accuracy by either the Medical Director or a physician selected randomly by the program coordinator who shall have been on the MIR Registry for at least five (5) years without any disciplinary actions, shall be certified in the applicable edition of the *AMA Guides* by the American Academy of Disability Evaluating Physicians or the American Board of Independent Medical Examiners, and shall comply with Rule 0800-02-20-.05(2); provided, however, that the peer review shall not include a physical examination of the claimant. If the peer review is performed by a MIR Registry physician, then such physician shall be entitled to a fee of \$250.00 to be paid by the employer in advance of the peer review.

(2) The peer review shall be completed within ten (10) business days of referral from the program coordinator. The Medical Director or peer review physician may recommend an MIR Report for reconsideration by the examining MIR physician if the Medical Director or peer review physician deems the report to be incomplete, inaccurate, or unclear pursuant to the requirements of Rule 0800-02-20-.11. Reconsideration and any revision shall be completed by the examining MIR physician within ten (10) business days of referral from the program coordinator.

(3) The time limits in Rule 0800-02-20-.07(1) shall be tolled while a MIR Report is being reviewed or reconsidered pursuant to this rule; provided, however, that if the examining MIR physician or the peer review physician does not comply with the time requirements in paragraph (2), then the program coordinator may reduce their respective fees.

ENTRAPMENT/COMPRESSION NEUROPATHIES

By Jay Blaisdell

RATING ENTRAPMENT NEUROPATHIES can be confusing because there are no universally accepted definitions of “normal” nerve conduction studies and EMGs. Accordingly, as an MIR Physician, you might have a case when electrodiagnostic studies are considered abnormal for treatment purposes but normal for impairment rating purposes. To make this determination (for injuries that require the *AMA Guides, 6th Edition*), please use Appendix 15-B starting on page 487. It offers you definitive criteria for interpreting nerve conduction delay, nerve conduction block, and axon loss.

Entrapment neuropathies such as carpal tunnel and cubital syndrome are rated under section 15.4f starting on page 433. However, if the studies done for the clinically-treated entrapment do not conform to the methodology and criteria in Appendix 15-B, you cannot use the entrapment neuropathy section. You may use, instead, according to page 446, “the diagnosis of non-specific hand, wrist or elbow pain, depending on the affected region” found in Tables 15-3 or 15-4.

If you have determined that electrodiagnostic tests have been performed and are consistent with Appendix 15-

B, then you may calculate the impairment rating using Table 15-23 on page 449. As with the Diagnosis Based Impairment (DBI) method, you will determine modifiers for test findings, history, and the physical examination; however, instead of inserting these modifiers into the net adjustment formula, you will find their average value by adding the integers, dividing by three (3), and rounding to the nearest integer as described in the section “Rating Process” on page 448.

This average is used to temporarily place the rating in the default value of a “final rating category” similar in function to the impairment rating class in the DBI method. Impairment rating of nerve entrapment then requires you to administer the *QuickDASH*, and use it to potentially modify the default rating as described on page 449.

In short, the method for diagnosing and rating entrapment neuropathies is slightly different from the DBI method. To issue a proper impairment rating, the *AMA Guides, 6th Edition* requires you use Appendix 15-B, Table 15-23, and the *QuickDash* form.

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